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FREE AND REDUCED PRICE MEAL HANDBOOK

U.S.
DEPARTMENT
OF
AGRICULTURE
FOOD AND
NUTRITION
SERVICE
FNS-106
REVISED
JULY 1974.



U.S. DEPARTMENT OF AGRICULTURE
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INTRODUCTION

To carry out the Congressional intent that milk and nutritious meals be available to every school child regardless of the family's ability to pay, the U.S. Department of Agriculture (USDA) has established regulations which must be observed in all schools that participate in the National School Lunch, School Breakfast, or Special Milk Programs or that receive commodities. These provisions are contained in the Code of Federal Regulations, Title 7, Part 245, "Determining Eligibility for Free or Reduced-Price Meals and Free Milk."

These regulations outline specific responsibilities for all levels of administration:

1. By May 15 of each year the Secretary of Agriculture announces minimum and maximum family-size and income guidelines to be used in determining eligibility for free and reduced-price meals and free milk.
2. By July 1 of each year the State Educational Agencies and Food and Nutrition Service Regional Offices prescribe, within the Secretary's guidelines, family-size and income standards for free and reduced-price meals and free milk in their States. In addition, they must issue detailed instructions to the school food authorities on developing free and reduced-price policies. Often these instructions are a prototype policy which school food authorities may use in entirety.
3. Before the opening of school, each local school food authority must develop a free and reduced-price policy, including family-size and income eligibility criteria which conform with State or Regional Office standards. This policy must be used in all schools under its administration participating in the programs.

Each year a policy must be developed (or the previous one amended) and submitted to the State Educational Agency or FNS Regional Office for approval. No school food authority shall be reimbursed for any meals or milk served after September 30 of any fiscal year, nor use USDA commodities after that date, unless the school food authority's free and reduced-price policy has been approved by the State or FNS Regional Office.

This handbook has been prepared as an aid in developing and implementing free and reduced-price policies. It contains samples of a policy, letters to parents, applications, a public release, and collection procedures as well as a summary of USDA's administrative decisions affecting free and reduced-price policies. The addendum contains a letter to parents and application in Spanish and an application form for use by school food authorities using computers.

Administrative Guidance

Since Public Law 91-248 was enacted, a large number of operational questions have arisen. The salient issues and the resulting administrative decisions are presented in this section.



ADMINISTRATIVE GUIDANCE

Q. What do I do at the beginning of the school year before applications for free and reduced-price meals or free milk have been approved?

A. Applications and letters should be sent to all parents of school children within the first week of school. Action should be taken within 10 working days on all applications returned to the school.

During the opening week of school, before applications for the new school year are received and approved, school officials should serve free and reduced-price meals and free milk to children from families with approved applications on file from the previous school year.

Q. What is "income?"

A. "Income" means income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc.

It includes the following: (1) Monetary compensation for services, including wages, salary, commission, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds, income from estates or trust, or net rental income; (6) public assistance or welfare payments; (7) unemployment compensations; (8) government civilian employee or military retirement or pensions or veterans' payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; and (13) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources, which would be available to pay the price of a child's meal.

"Income" as used here does not include income used for the following special hardship conditions which could not reasonably be anticipated or controlled by the household: (1) unusually high medical expenses; (2) shelter costs in excess of 30 percent of income as defined herein; (3) special education expenses due to the mental or physical condition of a child; and (4) disaster or casualty losses.

In applying guidelines, school food authorities may consider both the income of the family during the past 12 months and the family's current rate of income to determine which is the better indicator of the need for free and reduced-price meals.

Q. How do I consider the income of self-employed farmers or businessmen?

A. *Net income from nonfarm self-employment* is net money income (gross receipts

minus expenses) from one's business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include cost of goods purchased, rent, heat, light, power, depreciation charges, wages, and salaries paid, business taxes (not personal income taxes), etc. The value of saleable merchandise consumed by the proprietors of retail stores is not included as part of net income.

Net income from farm self-employment is net money income (gross receipts minus operating expenses) from the operation of a farm by a person on his own account, as an owner, renter, or sharecropper. Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, etc. Operating expenses include cost of feed, fertilizer, seed, and other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (but not State and Federal income taxes), etc. The value of fuel, food, or other farm products used for family living is not included as part of net income. In general, inventory changes are not considered in determining net income; however, replies based on income tax returns or other official records do reflect inventory changes.

In both cases the key words are "gross receipts minus expenses," representing the amount of money available for living expenses. Hardship provisions would be applied to the income available for living expenses—not to the gross receipts.

Q. What do I do if a family suffers a temporary financial hardship?

A. In cases of temporary hardships affecting the community such as civil disorders, natural disasters, etc., the school may grant approval for free and reduced-price meals and free milk to children from families whose income falls within the family-size income eligibility criteria, after deductions are made for the four hardship conditions cited in the policy. In these instances, school officials may want to base eligibility on the family's current rate of income rather than on the family's annual income. However, the application must be completed as usual.

When the temporary condition has been alleviated, families approved under this provision would be informed that the conditional approval will terminate within a specific time (e.g., 10 days), and that those wishing continued assistance may apply for a continuance of eligibility by submitting a new application.

Q. What do I do if a family suffers temporary financial problems due to a strike?

A. In these instances school officials may base eligibility on the family's current rate of income rather than on annual income. The application must be completed as usual and approval should be granted only for the duration of the strike. If a family wishes continued assistance after the strike is over, it should submit a new application.

Q. How do I compute military benefits for purposes of determining eligibility?

A. All cash income or payments made to a family must be considered as income as defined in the Secretary's Income Poverty Guidelines. However, the value of benefits other than cash, such as military base housing, is not to be considered as income.

Q. What do I do when a father is serving in the military overseas?

A. In determining eligibility, the serviceman overseas is not counted as a family member but the money he sends to his family is included in the family income.

Q. Can I certify a child to be eligible for free or reduced-price meals or free milk if the child's parents have not sent in an application but I know the family is needy?

A. If, after sending applications and letters to parents, a school official has not received an application for a child he knows is needy, he may use family-size and income information from another source to certify the child as eligible. In such a situation, the school official should complete and file an application for that child, setting forth the basis for that eligibility determination. In such an event the school official should notify the family that its children are eligible for free or reduced-price meals or free milk.

This does not give the school official authority to make eligibility determinations or certifications by categories or groups of children.

Q. What can I do if I have reason to believe that a family's application contains false information?

A. First, school officials must determine the child's eligibility based on the information submitted on the application and extend appropriate benefits to that child. However, once the application is approved, current regulations allow school officials to request a conference to provide an opportunity for the parent and school official to discuss the situation, present information, and obtain an explanation of the data submitted in the application or the decisions rendered. The request for a conference may not in any way prejudice or diminish the right to a fair hearing. After the conference, the school officials may verify the information and if they believe the information on the application is false, they have an obligation to challenge the continued eligibility of the child for free or reduced-price meals or free milk.

The challenge must be made under the fair hearing procedures set forth in the policy. The child continues to receive free or reduced-price meals or free milk pending the outcome of the challenge.

The parents of a child should request that school officials cease to provide their child with free milk and/or meals (or change free meals to reduced-price meals) if family circumstances improve. School officials should confirm the parents' request in writing or note on the child's application the date and nature of the action requested by the parent.

- Q. What do I do about granting free or reduced-price meals and free milk to foster children?
- A. In cases where the welfare agency is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency, the foster child is considered a one-member family. Welfare agency payments for the care of that foster child are considered the income of that one-member family. Therefore, if the foster child's annual income is not above the income guidelines prescribed by the local school food authority for one-member family eligibility for free or reduced-price meals or free milk, the foster child is entitled to those benefits.

In cases where the welfare agency has placed a child in a permanent home and/or subsidizes the child's adoption, the child is considered a member of the household in which he resides. The family size and total income of the family determine the child's eligibility for free and reduced-price meals and free milk.

- Q. Are there any restrictions on disciplining free and reduced-price meal or free milk recipients?
- A. Denying free or reduced-price meals to children certified as eligible for such meals is prohibited as disciplinary action (FNS Instruction 791-1). Section 9 of the National School Lunch Act states that ". . . any child who is a member of a household which has an annual income not above the applicable family size income level set forth in the income poverty guidelines shall be served meals free or at reduced cost." Public Law 92-32 mandates the same requirement for serving free or reduced-price breakfasts. Thus, any disciplinary action which results in the denial of free or reduced-price meals to eligible children is clearly contrary to the law.

When considering disciplinary action against any child certified as eligible for a free or reduced-price meal, make sure that such action does not conflict with the mandate of the National School Lunch Act (as amended) and the Child Nutrition Act of 1966 (as amended) with respect to providing all needy children with a free or reduced-price meal.

- Q. Are there any restrictions against free and reduced-price meal or free milk recipients working in the lunchroom?
- A. The regulations state that recipients of free or reduced-price meals or free milk shall not be required to work for those benefits. However, they are not prohibited from voluntarily working in the lunchroom.

Some schools employ student helpers in the cafeteria for monetary or other compensation. In these cases, parents of all workers should be informed in writing that their children have volunteered to work. The letter should state that if the child has been certified as eligible for a free or reduced-price meal or free milk, his continued eligibility is in no way dependent upon his working. Additionally, the letter should not be a part of nor attached to the free and reduced-price letter to parents, application, or notice of approval/denial.

Q. Do I have to serve reduced-price meals?

A. Although the State Educational Agencies and FNS Regional Offices must prescribe eligibility standards for reduced-price meals, the school food authority has the option of offering those benefits. However, a school can extend benefits to a larger number of needy children by serving reduced-price meals.

Q. What should I charge for a reduced-price meal?

A. The reduced price must be less than the full price of the lunch or breakfast and may not exceed 20 cents for lunch or 10 cents for breakfast. In addition, although the charge for a full-price meal may be more in the high school than in the grade school, the charges for reduced-price meals in the high schools and grade schools under one school food authority must be the same to ensure that all children from the same family receive the same benefits.

Q. If I serve reduced-price lunches do I have to serve reduced-price breakfasts?

A. If your school participates in the National School Lunch Program and the School Breakfast Program and you serve free and reduced-price lunches, you must also serve free and reduced-price breakfasts.

Q. What do I do if I offer two lunches at different prices?

A. Frequently, in an effort to increase participation, schools offer students a choice between two Type A lunches. Occasionally, one lunch is slightly more expensive than the other. In these cases, free and reduced-price meal recipients must be able to choose either meal at no charge or at the standard reduced price, whichever the student regularly receives.

Prototype Policy

Each local school food authority must submit a free and reduced-price policy to the State Agency or FNS Regional Office for approval prior to the opening of school. This section contains a sample of such a policy.



SAMPLE POLICY STATEMENT FOR FREE AND REDUCED-PRICE MEALS AND FREE MILK

The (name of school food authority) has agreed to participate in the (choose whichever are applicable: National School Lunch Program, School Breakfast Program, Special Milk Program, and/or to receive commodities donated by USDA) and accepts responsibility for providing (choose whichever are applicable: free and reduced-price meals, free milk) to eligible children in the schools under its jurisdiction.

The school food authority assures the (choose whichever is applicable: State Department of Education or Food and Nutrition Service Regional Office) that the school system will uniformly implement the following policy to determine children's eligibility for free and reduced-price meals in all National School Lunch Program, School Breakfast Program, and commodity-only schools under its jurisdiction and to determine children's eligibility for free milk in all Special Milk Program schools under its jurisdiction. In fulfilling its responsibilities the school food authority:

- A. Agrees to serve meals free to children from families whose income is at or below that listed in Attachment A.
- B. Agrees to serve milk free to children from families whose income is at or below that listed in Attachment A.
- C. Agrees to serve meals at a reduced price to children from families whose income is at or below that listed in Attachment B.¹

¹ NOTE: If the school food authority has determined that it will not serve reduced-price meals, this reference and Attachment B should be deleted.

- D. Agrees to provide these benefits to any child whose family's income falls within the criteria in Attachment A or B after deductions are made for special hardship conditions which could not reasonably be anticipated or controlled by the household, due to unusually high medical expenses, shelter costs in excess of 30 percent of reported income, special education expenses due to the mental or physical condition of a child, and disaster or casualty losses; in addition, agrees to provide these benefits to foster children in certain cases.
- E. Agrees that there will be no physical segregation of, nor any other discrimination against, any child because of his inability to pay the full price of the meal or milk. The names of the children eligible to receive free or reduced-price meals and free milk shall not be published, posted, or announced in any manner and there shall be no overt identification of any such children by use of special tokens or tickets or any other means. Further assurance is given that children eligible for free or reduced-price meals or free milk shall not be required to:
 - 1. Work for their meals or milk.
 - 2. Use a separate lunchroom.
 - 3. Go through a separate serving line.
 - 4. Enter the lunchroom through a separate entrance.

5. Eat meals or drink milk at a different time.
 6. Eat a meal different from the one sold to children paying the full price or drink milk different from that sold to children paying the full price.
- F. Agrees that in the operation of child feeding programs, no child shall be discriminated against because of race, sex, color, or national origin.
- G. Agrees to establish and use a fair hearing procedure for parents' appeals of the school's decisions on applications and for school officials' challenges to the correctness of information contained in an application or to the continued eligibility of any child for free or reduced-price meals or free milk. During the appeal and hearing the child will continue to receive free or reduced-price meals or free milk. A record of all such appeals and challenges and their dispositions shall be retained for 3 years.

Prior to initiating the hearing procedure, the parent or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The hearing procedure shall provide the following:

1. A publicly-announced, simple method for making an oral or written request for a hearing.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.
5. An opportunity to present oral or documentary evidence and arguments supporting its position.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing be conducted and the decision made by a hearing official who did not participate in the decision under appeal.
8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official.
10. That for each hearing a written record be prepared, including the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefor, and a copy of the notification to the parties concerned of the hearing official's decision.
11. That such written record be preserved for a period of 3 years and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

- H. Agrees to designate (name and title) to review applications and make determinations of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free or reduced-price meals and free milk.
- I. Agrees to develop and send to each child's parent or guardian a letter as outlined herein, including an application form for free or reduced-price meals and free milk at the beginning of each school year and whenever there is a change in eligibility criteria.

Parents will be requested to complete the application and return it to the determining official (named in H) for review. Such applications and documentation of action taken will be maintained for 3 years after the end of the fiscal year to which they pertain.

Applications may be filed at any time during the year. Any parent enrolling a child in a school for the first time, at any time during the year, shall be supplied with such documents. If a child transfers from one school to another under the jurisdiction of the same school food authority, his eligibility for a free or reduced-price meal and free milk will be transferred to and honored by the receiving school.

All children from a family will receive the same benefits. Within ten working days of the receipt of applications, parents or guardians will be notified individually of the acceptance or denial of their applications. Children will be served meals and milk immediately upon the establishment of their eligibility.

When an application is rejected parents or guardians will be informed of the reason for denial and the hearing procedure. The designated hearing official is (name, title, address).²

² NOTE: This person must be someone not involved in the original eligibility determination. Further, it is suggested that he hold a position superior to that of the determining official.

- J. Agrees to submit to the informational media a public release containing the same information outlined in the parent letter.
- K. Agrees to establish a procedure to collect from children who pay for their meals and milk and to account for the number of free, reduced-price, and full-price meals served and the number of half-pints of free and full-price milk served. The procedure described in Attachment F will be used so that no other child in the school will consciously be made aware by such procedure of the identity of the children receiving reduced-price meals or free milk and meals.³
- L. Agrees to submit to the (choose whichever is applicable: State Department of Education or Food and Nutrition Service Regional Office) any alterations, public announcements, etc., prior to implementation. Such changes will be effective only

upon approval. All changes in eligibility criteria must be publicly announced in the same manner used at the beginning of the school year.

³ NOTE: Describe in detail in Attachment F the payment collection method(s) used in each school or group of schools.

Attachments: The following attachments are adopted with and considered part of this policy.

Attachment A—Eligibility criteria for free meals and free milk

Attachment B—Eligibility criteria for reduced-price meals

Attachment C—Letter to parents

Attachment D—Application form

Attachment E—Public release

Attachment F—Collection procedure

Approved by:

(Signature of local school official

(date)

(Signature of State Director or FNSRO
Representative)

(date)

**FAMILY-SIZE AND INCOME SCALE FOR FREE MEALS
AND FREE MILK**

This is the income scale used by (school food authority) to determine eligibility for free meals and free milk in the (date) school year.

Family Size	Income
1	Insert eligibility scale for free meals and free milk.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
Each additional family member	

ATTACHMENT B

FAMILY-SIZE AND INCOME SCALE FOR REDUCED PRICE MEALS

This is the income scale used by (school food authority) to determine eligibility for reduced-price meals in the (date) school year.

	Income
Family Size	
1	Insert eligibility scale for reduced-price meals.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
Each additional family member	

ATTACHMENT C

PARENT LETTER

School Name _____
This is the parent letter exactly as we will send out on (date).

(The appropriate letter to parents, chosen from "policy attachments" section should be inserted here.)

ATTACHMENT D

APPLICATION FORM

This is the application adopted by _____ School(s) for the
(date) school year:

(The appropriate application chosen from "policy attachments" section
should be inserted here.)

ATTACHMENT E

PUBLIC RELEASE

School Food Authority: _____
This is the public release that we will send to (names of news media outlets) on
(date) _____

(See the "policy attachments" section for a suggested format.)

ATTACHMENT F

COLLECTION PROCEDURE

_____ School(s)
use(s) the following collection procedure:

(If more than one system of collection is used, explain them all and indicate which schools use which system.)

(Describe in detail, including the method used to distribute tokens, tickets, etc.; the method used to collect children's payments—where, when, how; and the method used to account for full-price, free, and reduced-price meals and free and full-price milk each day. If tokens or tickets are used, attach a free, a reduced-price, and a full-price ticket or token. See the "policy attachments" section for suggested procedures.)

LETTERS TO PARENTS AND APPLICATION FORMS

Following are thirteen letters and applications arranged by type of food service offered and by whether or not reduced-price meals are served in addition to free and full-price meals. Each school food authority should select the appropriate one for its schools to use.

<u>Letter and application</u>	<u>For use in schools offering</u>	<u>Page reference</u>
A	Breakfast, lunch, and milk with reduced-price meals	20/21
B	Breakfast, lunch, and milk with no reduced price	22/23
C	Breakfast and lunch with reduced price meals	24/25
D	Breakfast and lunch with no reduced price	26/27
E	Lunch and milk with reduced-price meals	28/29
F	Lunch and milk with no reduced price	30/31
G	Breakfast and milk with reduced-price meals	32/33
H	Breakfast and milk with no reduced price	34/35
I	Lunch only with reduced-price	36/37
J	Lunch only with no reduced price	38/39
K	Breakfast only with reduced-price meals	40/41
L	Breakfast only with no reduced price	42/43
M	Milk only	44/45

**Breakfast, lunch, and milk
with reduced-price meals**

Dear Parent or Guardian:

The _____ School serves nutritious meals every school day. Students may buy lunch for _____ cents, breakfast for _____ cents, and extra milk for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free milk and for meals free or at the reduced prices of _____ cents for lunch and _____ cents for breakfast. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free or reduced-price meals and free milk for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing (name, address, phone) _____.

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such meals and milk for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

**Breakfast, lunch, and milk
with reduced-price meals**

APPLICATION A

APPLICATION

Date _____

Parents: To apply for free or reduced-price meals and free milk for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one: Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free or reduced-price meals and free milk regardless of your family income. If you have foster children living with you and wish to apply for such meals and milk for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Date _____

Your application for free and reduced-price meals and free milk for your children has been:

_____ Approved for free meals and free milk.

_____ Approved for reduced-price meals at _____ cents for lunch
and _____ cents for breakfast.

_____ Denied for the following reason

You may appeal this decision by calling or writing (name and title) at (address and phone number).

LETTER B

**Breakfast, lunch, and milk
with no reduced-price meals**

Dear Parent or Guardian:

The _____ School serves nutritious meals and milk every school day. Students may buy lunch for _____ cents, breakfast for _____ cents, and milk for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free meals and milk. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free meals and milk for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing (name, address, phone)

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such meals and milk for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

**Breakfast, lunch, and milk
with no reduced-price meals**

APPLICATION

Date _____

Parents: To apply for free meals and milk for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one: Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free meals and milk regardless of your family income. If you have foster children living with you and wish to apply for such meals and milk for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Date _____

Your application for free meals and milk for your children has been:

_____ Approved for free meals and free milk.

_____ Denied for the following reason:

You may appeal this decision by calling or writing (name and title) at (address and phone number) .

**Breakfast and lunch with
reduced-price meals**

Dear Parent or Guardian :

The _____ School serves nutritious meals every school day. Students may buy lunch for _____ cents and breakfast for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for meals free or at the reduced prices of _____ cents for lunch and _____ cents for breakfast. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free or reduced-price meals for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing (name, address, phone).

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such meals and milk for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)
(title)

APPLICATION

APPLICATION C

Breakfast, and lunch with reduced-price meals

Date _____

Parents: To apply for free or reduced-price meals for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one: Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free meals and milk regardless of your family income. If you have foster children living with you and wish to apply for such meals and milk for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Date _____

Your application for free and reduced-price meals for your children has been:

_____ Approved for free meals.

_____ Approved for reduced-price meals at _____ cents for
lunch and _____ cents for breakfast.

_____ Denied for the following reason:

You may appeal this decision by calling or writing (name and title) at (address and phone number).

**Breakfast and lunch with
no reduced-price meals**

Dear Parent or Guardian:

The _____ School serves nutritious meals every school day. Students may buy lunch for _____ cents and breakfast for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free meals. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free meals for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing (name, address, phone) .

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such meals for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

**Breakfast and lunch with no
reduced-price meals**

APPLICATION

Date _____

Parents: To apply for free meals for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free meals and milk regardless of your family income. If you have foster children living with you and wish to apply for such meals and milk for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Date _____

Your application for free meals for your children has been:

_____ Approved for free meals.

_____ Denied for the following reason:

You may appeal this decision by calling or writing (name and title) at

 (address and phone number) .

LETTER E

Lunch and milk with reduced-price meals

Dear Parent or Guardian:

The _____ School serves nutritious lunches and milk every school day. Students may buy lunch for _____ cents and extra milk for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free milk and for lunches free or at the reduced price of _____ cents. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free or reduced-price lunches and free milk for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing _____
(name, address, phone) .

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such lunches and milk for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

APPLICATION E

Lunch and milk with reduced-price meals

APPLICATION

Date _____

Parents: To apply for free or reduced-price lunches and free milk for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Year _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free or reduced-price lunches and free milk regardless of your family income. If you have foster children living with you and wish to apply for such lunches or milk for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Date _____

Your application for free or reduced-price lunches and free milk for your children has been:

_____ Approved for free lunches and free milk.

_____ Approved for reduced-price lunches at _____ cents each.

_____ Denied for the following reason:

You may appeal this decision by calling or writing _____ (name and title)
at _____ (address and phone number)

LETTER F

Lunch and milk with no reduced-price meals

Dear Parent or Guardian :

The _____ School serves nutritious lunches and milk every school day. Students may buy lunch for _____ cents and milk for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free lunches and milk. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free lunches and milk for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing _____ (name, address, phone)

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such lunches and milk for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

**Lunch and milk with no
reduced-price meals**

APPLICATION

Date _____

Parents: To apply for free lunches and milk for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free meals and milk regardless of your family income. If you have foster children living with you and wish to apply for such meals and milk for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Your application for free lunches and milk for your children has been:

_____ Approved for free lunches and free milk.

_____ Denied for the following reason: _____

You may appeal this decision by calling or writing _____ (name and title)
at _____ (address and phone number)

**Breakfast and milk
with reduced-price meals**

Dear Parent or Guardian:

The _____ School serves nutritious breakfasts and milk every school day. Students may buy breakfast for _____ cents and extra milk for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free milk and for breakfasts free or at the reduced price of _____ cents. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year, for free or reduced-price breakfasts and free milk for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing _____
(name, address, phone) _____.

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such breakfasts and milk for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

APPLICATION

Date _____

Parents: To apply for free or reduced-price breakfasts and free milk for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free or reduced-price breakfasts and free milk regardless of your family income. If you have foster children living with you and wish to apply for such breakfasts and milk for them, please check here _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Your application for free or reduced-price breakfasts and free milk for your children has been:

_____ Approved for free breakfasts and free milk.

_____ Approved for reduced-price breakfasts at _____ cents.

_____ Denied for the following reason:

You may appeal this decision by calling or writing _____ (name and title)
at (address and phone number) _____

**Breakfast and milk with
no reduced-price meals**

Dear Parent or Guardian:

The _____ School serves nutritious breakfasts and milk every day. Students may buy breakfast for _____ cents and extra milk for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free breakfasts and milk. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 per-cent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free breakfasts and milk for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing _____ (name, address, phone) .

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such breakfasts and milk for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,



(name)

(title)

**Breakfast and milk with
no reduced-price meals****APPLICATION**

Date _____

Parents: To apply for free breakfasts and milk for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free meals and milk regardless of your family income. If you have foster children living with you and wish to apply for such meals and milk for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Your application for free breakfasts and free breakfasts and free milk for your children has been:

_____ Approved for free breakfasts and free milk.

_____ Denied for the following reason:

You may appeal this decision by calling or writing _____ (name and title)
at _____ (address and phone number)

Lunch only, with reduced-price meals

Dear Parent or Guardian :

The _____ School serves nutritious lunches every school day. Students may buy lunch for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for lunches free or at the reduced price of _____ cents. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free or reduced-price lunches for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with school's decision you have a right to a fair hearing. This can be done by calling or writing _____ (name, address, phone) .

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such lunches for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

APPLICATION I

Lunch only, with reduced-price meals

APPLICATION

Date _____

Parents: To apply for free or reduced-price lunches for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free or reduced-price lunches regardless of your family income. If you have foster children living with you and wish to apply for such lunches for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Your application for free or reduced-price lunches for your children has been:

_____ Approved for free lunches.

_____ Approved for reduced-price lunches at _____ cents.

_____ Denied for the following reason:

You may appeal this decision by calling or writing _____ (name and title)
at _____ (address and phone number) _____.

LETTER J

Lunch only, with no reduced-price meals

Dear Parent or Guardian:

The _____ School serves nutritious lunches every school day. Students may buy lunch for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free lunches. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free lunches for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing _____ (name, address, phone) _____.

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such lunches for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

**Lunch only, with no
reduced-price meals**

APPLICATION

Date _____

Parents: To apply for free lunches for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one: Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free lunches regardless of your family income. If you have foster children living with you and wish to apply for such lunches for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Your application for free lunches for your children has been:

_____ Approved for free lunches.

_____ Denied for the following reason:

You may appeal this decision by calling or writing _____ (name and title)
at _____ (address and phone number) _____

**Breakfast only, with
reduced-price meals**

Dear Parent or Guardian :

The _____ School serves nutritious breakfasts every school day. Students may buy breakfast for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for breakfast free or at the reduced price of _____ cents. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year, for free or reduced-price breakfasts for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing (name, address, phone).

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such breakfasts for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

**Breakfast only, with
reduced-price meals**

APPLICATION

Date _____

Parents: To apply for free or reduced-price breakfasts for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free or reduced-price breakfasts regardless of your family income. If you have foster children living with you and wish to apply for such breakfasts for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Your application for free or reduced-price breakfasts for your children has been:

_____ Approved for free breakfasts.

_____ Approved for reduced-price breakfasts at _____ cents.

_____ Denied for the following reason:

You may appeal this decision by calling or writing _____ (name and title) at
_____ (address and phone number) _____.

LETTER L

**Breakfast only, with
no reduced-price meals**

Dear Parent or Guardian :

The _____ School serves nutritious breakfasts every school day. Students may buy breakfast for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free breakfasts. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free breakfasts for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing _____ (name, address, phone) _____.

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such breakfasts for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

**Breakfast only, with
no reduced-price meals**

APPLICATION

Date _____

Parents: To apply for free breakfasts for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free breakfasts regardless of your family income. If you have foster children living with you and wish to apply for such breakfasts for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Your application for free breakfasts for your children has been:

_____ Approved for free breakfasts.

_____ Denied for the following reason:

You may appeal this decision by calling or writing _____ (name and title)
at _____ (address and phone number) _____.

Milk only

Dear Parent or Guardian :

The _____ School serves milk every school day. Students may buy milk for _____ cents.

Children from families whose income is at or below the levels shown on the attached scale are eligible for free milk. If your income is greater than those shown but you have unusually high medical bills, shelter costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the year for free milk for your children, complete the attached application and return it to the school. Within _____ days of receiving your application, the school will let you know whether or not your children are eligible. If you do not agree with the school's decision you have a right to a fair hearing. This can be done by calling or writing _____ (name, address, phone) _____.

In certain cases foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for free milk for them, please notify us or indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

If we can be of any further assistance or if your income changes during the year, please contact us.

Sincerely,

(name)

(title)

Milk only

APPLICATION

Date _____

Parents: To apply for free milk for your children, fill out this form and return it to the school office.

Names and grades of children for whom application is made: _____

Name and address of parent or guardian: _____

Total number in family: _____

Total family income before deductions. Include wages of all working members, welfare payments, pensions, social security, and all other income. Fill in one:

Yearly _____ Monthly _____ Weekly _____

If your gross family income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardship conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here: _____

In certain cases foster children are eligible for free milk regardless of your family income. If you have foster children living with you and wish to apply for such milk for them, please check here: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of adult family member

FOR SCHOOL USE ONLY

Your application for free milk for your children has been:

_____ Approved for free milk.

_____ Denied for the following reason:

You may appeal this decision by calling or writing _____ (name and title)
at _____ (address and phone number) _____.

SAMPLE PUBLIC RELEASE

(Local school food authority) today announced its policy for *(free and reduced-price meals, free milk)* for children unable to pay the full price of meals and milk served under the National School Lunch, School Breakfast, and Special Milk Programs.

Local school officials have adopted the following family size income criteria for determining eligibility:

Children from families whose income is at or below the levels shown are eligible for *(free or reduced-price meals or free milk)*. In addition, families not meeting these criteria but with other unusual expenses due to unusually high medical expenses, shelter costs in excess of 30 percent of income, special education expenses due to the mental or physical condition of a child, and disaster or casualty losses are urged to apply.

Application forms are being sent to all homes in a letter to parents. Additional copies are available at the principal's office in each school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted at any time during the year.

In certain cases foster children are also eligible for these benefits. If a family has foster children living with them and wishes to apply for such meals and milk for them, it should contact the school.

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin.

Under the provisions of the policy *(title of determining official)* will review applications and determine eligibility. If a parent is dissatisfied with the ruling of the official, he may make a request either orally or in writing to *(name, address, phone of the hearing official)* for a hearing to appeal the decision. The policy contains an outline of the hearing procedure.

Each school and the office of the *(central office)* has a copy of the complete policy which may be reviewed by any interested party.

SAMPLE COLLECTION PROCEDURES

In collecting payments for meals and milk and in distributing tickets, tokens, etc., school officials must ensure that there is no overt identification of recipients of free or reduced-price meals and free milk. Care must be taken to prevent such identification at the time the ticket or token is issued as well as in the serving line.

Any collection system should have a built-in accounting system to record the numbers of full-price, reduced-price, and free meals and the quantities of full-price and free milk served daily. Keeping these counts is a regulatory requirement.

The following collection methods have been effectively employed across the nation. They can be used equally well in the National School Lunch, School Breakfast, and Special Milk Programs. Some of them require ticket or token coding. Various methods for coding are discussed below.

—Before school, children can buy tickets at the cafeteria manager's office but they do not receive the tickets. The cafeteria manager sends the purchased tickets as well as tickets for free meals and milk recipients to the classroom each day. The teacher distributes the tickets just before meal time. The tickets are coded for accounting purposes.

—Students pay for their meals in the office. A check-off list, including the names of all children eating (full-price, reduced-price, and free) is then prepared and sent to the cafeteria. A cashier familiar with the student body checks off names as children pass through the line. At the end of the meal service the list is returned to the office for accounting purposes. This method will only work in a relatively small school in which one person is familiar with the entire student body.

—The homeroom teacher provides each child with an envelope for daily, weekly, or monthly payments. Pupils return the envelopes with payment if paying full or reduced price, or empty if free. The envelopes are collected in the school office and coded tickets are issued to every participating student.

—Parents pay in advance by the month. Each teacher receives a list of those children who have paid. Those children who receive free meals or milk are marked paid, so no one but the bookkeeper knows which children receive a free meal or milk. Teachers keep daily records of each child served.

—Meal payments are collected in the school secretary's office. Payments can be made by children or parents on a daily, weekly, or monthly basis. The secretary records payments and knows which children qualify for free meals or free milk. Identical tickets labeled only with the children's names are distributed in the classrooms by the secretary.

Since parents may make payments, even children who receive free meals or milk may not know whether their meals or milk are free, reduced-priced or full-price.

—Parents are billed monthly for full-priced or reduced-price meals their children are served. All payments are mailed in so that no money is collected in classrooms. All participating students receive a monthly ticket which is punched each time the student eats. At the end of the month the tickets are collected and a clerk calculates the amount to be billed.

CODING METHODS:

—Number coding. Free meal or milk tickets may all have a four digit number, reduced-price tickets have a five digit number, and full-price tickets have a six digit number.

—Number coding by series. Numbers 1 through 1,999 may be free meal or milk tickets, numbers 2,000 through 3,999 may be reduced-price tickets, and number 4,000 through 5,999 may be full-price tickets.

—Number coding—even and odd. If no reduced-price meals are offered, all even numbers may be free and all odd numbers may be full-price.

—Names. Tickets may have the child's name on them and can later be compared to a checklist.

—Date stamp. Tickets may have the date stamped on them in different spots. For instance, tickets with the date stamped in the top third may be full-price, tickets stamped in the middle third are free, and tickets stamped on the bottom are reduced-price.

Policy Checklist

If you develop your own policy you should compare it to the checklist in this section to ensure that it contains all the necessary elements.



FREE AND REDUCED-PRICE POLICY CHECKLIST

If you develop your own policy, letter to parents, public release, or application, you should check it against this list to ensure that it contains all the items required.

POLICY STATEMENT MUST CONTAIN:

- Reference to all programs in which you participate—breakfast, lunch, milk.
- Reference to free meals; also to reduced-price meals *only* if you offer both of these benefits.
- Title of official designated to make the eligibility determinations.
- Family size and income criteria to determine eligibility, including the four specified hardship provisions and the foster children provision.
- Application procedure.
- Description of collection procedure(s).
- Nondiscrimination assurances.
- Assurance that application will be accepted at any time during the school year.
- Assurance that free and reduced-price meal and free milk recipients may transfer eligibility within school district.
- Assurance that all children in the same family will receive the same benefits.
- Statement that policy will be announced by means of a letter to parents.
- Assurance that the same information outlined in the parent letter will be submitted to the informational media.
- Assurance that if lunch, breakfast, and milk are served, eligibility criteria are the same.
- Complete hearing procedure.
- Assurance that recipients of free and reduced-price meals and free milk will continue to receive benefits during the time an appeal is pending.
- Copy of public release.
- Copy of application.
- Copy of letter to parents.
- Copy of family-size income scale.
- Copy of collection procedure(s).

THE LETTER TO PARENTS MUST:

- Contain complete eligibility criteria, including the four specified hardship conditions and statement of possible eligibility of foster children.
- Indicate that an application is included.
- Provide instructions for submitting an application.
- Tell how to appeal (oral/written).
- Tell where to appeal.
- Give the reduced price for lunch and for breakfast when reduced-price meals are offered.
- Contain the statement: "In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, or national origin."

APPLICATION FORM MUST:

- Be clear and simple and request only information required to determine eligibility: number in family, family income, certification of true and accurate information, and signature of adult family member.
- Tell where to submit application.
- Include the statement: "In certain cases foster children are eligible for free or reduced-price meals and free milk regardless of family income. If you have foster children living with you and wish to apply for such meals for them, please contact us."
- Include the statement: "If your gross family income exceeds the amount indicated in the family income scale as shown and you wish to apply for free or reduced-price meals and free milk for your children under any of the special hardship conditions cited in the letter, please complete this application form and also describe the nature of your hardship."

PUBLIC RELEASE MUST CONTAIN:

- Eligibility criteria, including the four specified hardship conditions and the statement of possible eligibility of foster children.
- Instructions for obtaining applications.
- Instructions for appeal (oral/written).
- Nondiscrimination statement.

COLLECTION PROCEDURE(S) MUST:

- Prevent overt identification of children receiving free or reduced-price meals and free milk at the time meal is served.
- Prevent overt identification of children receiving free or reduced-price meals and free milk at the time the medium of exchange (ticket, token, etc.) is obtained.

Addendum

If you serve an area with high concentrations of parents who do not speak English, you should develop the letters to parents and applications in the language of the people. This section contains the parent letter and application in Spanish. This section also includes an application adapted for school systems which use computers.



**Para uso en las escuelas que sirven leche gratis y
que sirven comidas gratis y a precios reducidos.**

Información por los padres o guardianes de los estudiantes de (escuela) :

La escuela _____ sirve comidas alimenticias
diariamente durante los días escolares. Los estudiantes pueden comprar el almuerzo
por _____ centavos, el desayuno por _____ centavos, y leche suplementaria por
_____ centavos.

Niños de familias cuyos ingresos son a nivel o bajo el nivel según la escala que le
incluimos, califican para obtener leche gratis y comidas gratis o a precio reducido
a _____ centavos por el almuerzo y a _____ centavos por el desayuno. Si un in-
greso es mayor que lo que se indica, aún sus hijos pueden ser elegibles bajo las siguien-
tes condiciones. Si usted tiene cuentas médicas en exceso, gasto de domicilio que
excede treinta por ciento de su ingreso, gasto en educación especializada para su hijo
por causa de una incapacidad física o mental, o perdidas accidentales a consecuencia
de desastres.

Para aplicar a cualquier tiempo durante el año por leche gratis y comidas gratis o
a precio reducido para sus hijos, favor de completar la aplicación adjunta y remi-
tirla a la escuela.

La escuela se tomará _____ días en contestarle al respecto informándole si sus
hijos son elegibles. Si usted no acepta la decisión elegada, tiene derecho a solicitar
para una audiencia. Para ello, sirvase escribir a Sr(a) (nombre, dirección), o
llame al (teléfono).

Hay casos en que niños al cuidado de una familia, califican para estos beneficios.
Si tiene tales niños en su residencia y desea que estos niños participen en las comi-
das y la leche, favor de indicarlo en la aplicación.

A todos los niños se les trata igual, no importa si paguen o no. En los programas de
alimentación escolar los niños no se serán discriminados a causa de su raza, sexo,
color, u origen de nacionalidad.

Tenga la bondad de notificarnos en caso de algún cambio en sus ingresos, o si le
podemos servir en algo más.

Sinceramente,

(nombre) _____

(título) _____

Para uso en las escuelas que sirven leche gratis y que sirven comidas gratis y a precios reducidos.

APLICACIÓN

Fecha _____

Padres: Llene este formulario para aplicar por leche gratis y comidas gratis o a precio reducidos para sus niños y devuélvelo a la oficina de la escuela.

Nombre y grado de los niños para quién la aplicación se hace:

Nombre y dirección de padres o guardián: _____

Número de miembros en la familia: _____

Total de ingresos antes de deducciones: Incluya sueldos de todos los miembros de la familia que trabajan, pagos de beneficencia, pensiones, seguro social, y toda entrada de dinero. Llene uno:

Anual \$ _____ Mensual \$ _____ Semanal \$ _____

Si su ingreso total excede la cantidad indicada en la escala adjunta y usted desea aplicar bajo una de las condiciones especiales nombradas anteriormente en la carta, favor de completar este formulario y describa en detalle la condición o condiciones de su dificultad: _____

Hay casos en que niños al cuidado de una familia califican para obtener leche gratis y comidas gratis o a precio reducidos; no importa el ingreso de la familia. Si tiene tales niños en su casa y desea que participen en las comidas y la leche, favor de indicar aquí: _____

Certifico que toda la información dada en este formulario es la verdad, correcta y de acuerdo con mi mejor creencia.

Firma (jefe de la familia)

PARA USO SOLAMENTE POR LA ESCUELA:

Su aplicación para obtener leche gratis y comidas gratis o a precios reducidos para sus niños ha sido:

_____ Aprobada/comidas gratis y leche gratis.

_____ Aprobada/comidas a precios reducidos a _____ centavos para almuerzo y a _____ centavos para desayuno.

_____ Rehusado. Razón por la cual: _____

Usted puede apelar esta decisión. Para ello, sirvase escribir a (nombre, título oficial de audiencias, dirección), o llame al (teléfono).

TO PARENT:

To apply for free or reduced-price meals and free milk for your children, fill out the form on the reverse side and return it to the school office.

If your gross family income exceeds the amount indicated in the family income scale and you wish to apply under any of the hardship conditions cited in the letter, please complete the entire application including the hardship section.

In certain cases foster children are eligible for free or reduced-price meals and free milk regardless of your family income. If you have such children living with you and wish to apply for such meals for them, please check the appropriate box on the reverse side.

Please sign here certifying that all of the information on the reverse side is true and correct to the best of your knowledge and belief.

Signature of the Adult Family Member

School Code Number

Names of children for whom application is made:

(skip one block between last and first)

Last

First

[illegible]

(month, day, year)

--	--	--	--	--

Total number in family

Income of family before deductions:

Monthly (dollars—no cents)

Check here if you wish to apply
under hardship conditions:

11

Check here if you have foster
children living with you:

1

If you checked the hardship box, what is your hardship? _____

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